



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 08:00 AM Point S-15687

Received : 06/17/2019 11:55 AM Location Well #1-1

Collected By CLIENT

Lab No. : 7093871001

Client Sample ID.: S-15687

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/21/2019 11:24	001 BP4N1/1
Manganese	0.020		1	mg/L	0.3	06/21/2019 11:24	001 BP4N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	3.7		10	mg/L	10	06/17/2019 7:54 PM	001 BP4U1/1
Nitrate-Nitrite (as N)	3.7		10	mg/L		06/17/2019 7:54 PM	001 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050	M1	1	mg/L	1	06/17/2019 7:00 PM	001 BP4U1/1

Analytical Method:SM22 9223B Colilert

Prep Method: SM22 9223B Colilert

Prep Date: 06/17/2019 5:31 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/18/2019 11:31	001 SP5T1/1
Total Coliforms	Absent		1		Absent	06/18/2019 11:31	001 SP5T1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

See qualifiers page for additional qualifier definitions.

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Kimberley Mack

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Origin: Raw Well
Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 08:15 AM Point S-24848

Received : 06/17/2019 11:55 AM Location Well #1-2

Collected By CLIENT

Lab No. : 7093871002

Client Sample ID.: S-24848

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/21/2019 11:25	002 BP4N1/1
Manganese	0.42*		1	mg/L	0.3	06/21/2019 11:25	002 BP4N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	4.5		10	mg/L	10	06/17/2019 7:58 PM	002 BP4U1/1
Nitrate-Nitrite (as N)	4.5		10	mg/L		06/17/2019 7:58 PM	002 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	06/17/2019 7:04 PM	002 BP4U1/1

Analytical Method:SM22 9223B Colilert

Prep Method: SM22 9223B Colilert

Prep Date: 06/17/2019 5:31 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/18/2019 11:31	002 SP5T1/1
Total Coliforms	Absent		1		Absent	06/18/2019 11:31	002 SP5T1/1

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Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 06/25/2019

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 08:30 AM Point S-31636

Received : 06/17/2019 11:55 AM Location Well #1-3

Collected By CLIENT

Lab No. : 7093871003

Client Sample ID.: S-31636

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/21/2019 11:27	003 BP4N1/1
Manganese	0.021		1	mg/L	0.3	06/21/2019 11:27	003 BP4N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	4.3		10	mg/L	10	06/17/2019 7:59 PM	003 BP4U1/1
Nitrate-Nitrite (as N)	4.3		10	mg/L		06/17/2019 7:59 PM	003 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	06/17/2019 7:05 PM	003 BP4U1/1

Analytical Method:SM22 9223B Colilert

Prep Method: SM22 9223B Colilert

Prep Date: 06/17/2019 5:31 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/18/2019 11:31	003 SP5T1/1
Total Coliforms	Absent		1		Absent	06/18/2019 11:31	003 SP5T1/1

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 08:45 AM Point

Received : 06/17/2019 11:55 AM Location

Collected By CLIENT

Lab No. : 7093871004

Client Sample ID.: BLENDED INF

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/21/2019 11:30	004 BP4N1/1
Manganese	0.12		1	mg/L	0.3	06/21/2019 11:30	004 BP4N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	4.2		10	mg/L	10	06/17/2019 8:00 PM	004 BP4U1/1
Nitrate-Nitrite (as N)	4.2		10	mg/L		06/17/2019 8:00 PM	004 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	06/17/2019 7:06 PM	004 BP4U1/1

Analytical Method:SM22 9223B Colilert

Prep Method: SM22 9223B Colilert

Prep Date: 06/17/2019 5:31 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/18/2019 11:31	004 SP5T1/1
Total Coliforms	Absent		1		Absent	06/18/2019 11:31	004 SP5T1/1

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Date Reported: 06/25/2019

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Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:10 AM Point

Received : 06/17/2019 11:55 AM Location

Collected By CLIENT

Lab No. : 7093871005

Client Sample ID.: BLENDED EFF

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	<0.020		1	mg/L	0.3	06/21/2019 11:31	005 BP4N1/1
Manganese	0.036		1	mg/L	0.3	06/21/2019 11:31	005 BP4N1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrate as N	4.1		10	mg/L	10	06/17/2019 8:01 PM	005 BP4U1/1
Nitrate-Nitrite (as N)	4.1		10	mg/L		06/17/2019 8:01 PM	005 BP4U1/1

Analytical Method:EPA 353.2

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Nitrite as N	<0.050		1	mg/L	1	06/17/2019 7:07 PM	005 BP4U1/1

Analytical Method:Field Method

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Field Residual Chlorine	0.70	N3	1	mg/L	4	06/17/2019 9:10 AM	005 SP5T1/1
Field pH	7.32	N3	1	Std. Units		06/17/2019 9:10 AM	005 SP5T1/1

Analytical Method:SM22 9223B Colilert Prep Method: SM22 9223B Colilert Prep Date: 06/17/2019 5:31 PM

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	06/18/2019 11:31	005 SP5T1/1
Total Coliforms	Absent		1		Absent	06/18/2019 11:31	005 SP5T1/1

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Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:30 AM Point S-108065

Received : 06/17/2019 11:55 AM Location Well #4-1

Collected By CLIENT

Lab No. : 7093871006

Client Sample ID.: S-108065

Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.69*		1	mg/L	0.3	06/21/2019 11:32	006 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/21/2019 11:32	006 BP4N1/1

Qualifiers:

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U - Indicates the compound was analyzed for, but not detected

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Date Reported: 06/25/2019

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WorkOrder :

7093871

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158
Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987



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WorkOrder :

7093871

Qualifiers

M1 - Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

N3 - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

WO#: 7093871



7093871

Sample Request Form PUBLIC WATER SUPPLIER

☒ WELL OFF LINE 4-2 BLOW OFF

Date: 6-17-19

Collected By: W Booth

Accepted By: [Signature]

Cooler Temp: 2.3 °C

11:55

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: P.O. BOX 1013
HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

Phone #:

Attn:

Proj. # or (Name):

Bill To:

Copies To:

Sample Info:

page 9 of 10

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl ₂ pH/Temp	Analysis	Lab No.
8:00 6-17-19	GW	WELL 1-1	RW	-	RO		BACT, PFC's, N/N, IRON, MANC	001
8:15 6-17-19	GW	WELL 1-2	RW	-	RO		BACT, PFC's, N/N, IRON, MANC	002
8:30 6-17-19	GW	WELL 1-3	RW	-	RO		BACT, PFC's, N/N, IRON, MANC	003
8:45 6-17-19	GW	BLENDED INF	RW	-	RO		BACT, PFC's, N/N, IRON, MANC	004
9:00 6-17-19	GW	BLOWED EFF	D	-	RO		BACT, PFC's, N/N, IRON, MANC	005
9:20 6-17-19	GW	WELL 4-2 S/L	RW	-	RO	7.32		
9:31 6-17-19	GW	WELL 4-2 1 min	RW	-	RO		IRON, MANC	
9:25 6-17-19	GW	WELL 4-2 5 min	RW	-	RO		IRON, MANC	
9:35 6-17-19	GW	WELL 4-2 15 min	RW	-	RO		IRON, MANC	
10:30 6-17-19	GW	WELL 4-2 1 HR	RW	-	RO		IRON, MANC	
4:19 PM 6-17-19	GW	WELL 4-2 2 HR	RW	-	RO		IRON, MANC	
Remarks:								
9:30 6-17-19	GW	WELL 4-1	RW	-	RO		IRON, MANC	



Sample Condition Upon Receipt

Client Name: Hampton Bays

Project

WO#: 7093871

PM: SWM Due Date: 06/21/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2

Cooler Temperature (°C): 23

Cooler Temperature Corrected (°C): 23

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☐ N/A, water sample)

Date and Initials of person examining contents: 6/17/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # <u>HK86346</u>		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH > 9 Sulfide, NAOH > 12 Cyanide)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial when completed: Lot # of added preservative: Date/Time preservative added:
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
KI starch test strips Lot #		Positive for Res. Chlorine? Y N
Residual chlorine strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: